

## REQUEST FOR AN ADDITIONAL/TRANSFER/REINSTATEMENT THIRD PARTY PROPOSITION PLAYER SERVICES REGISTRATION/LICENSE (CGCC – 439)

When requesting either to transfer, reinstate, or acquire an additional badge for a new primary owner, a registrant/licensee must complete and submit this form to the California Gambling Control Commission at 2399 Gateway Oaks Drive, Suite 100, Sacramento, CA 95833-4231 accompanied by the following:

• A \$125.00 check made payable to the California Gambling Control Commission.

Type or print (in ink) all information requested on this application form. If additional space is needed, please note response on a separate sheet of paper and attach to the application.

SECTION 1: APPLICANT INFORMATION		
Type (Check One): Additional Transfer Re	einstatement	t
Category (Check One): Player Supervisor	]Other	
Applicant's Full Legal Name:		
First	MI	Last
Mailing Address:		
Applicant's Telephone Number:		*Social Security Number: (for identification purposes)
( )	7	Costal Costally Manipolicy
TPPPS Badge #:	_	
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SECTION 2: PRIMARY OWNER INFORMATION	1	
Name of primary owner (employer) you are currently	registered	with, transferring or reinstating <b>from</b> :
Date of disassociation (applies only to <b>transfers</b> ):		
Carbon diseases dation (applies only to transfers).	$\neg$	
Name of primary owner (employer) you are transferr	 ing <b>to</b> or acc	quiring an additional badge for:
(employer) you are trained.		
Employment or Re-employment Date:		
Employment of the employment bate.	$\neg$	
SECTION 3: DECLARATION		
I declare under penalty of perjury under the laws of t submitted with this application is true, correct, and co		California that the foregoing information, and all information
Applicant Signature:		Date:
		ion 30 of the Business and Professions Code, section 17520 of the

\*Disclosure of your U.S. social security account number is mandatory. Section 30 of the Business and Professions Code, section 17520 of the Family Code, and Public Law 94-455 (42 USC § 405(c)(2)(C)) authorize collection of your social security account number. Your social security account number will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for child or family support in accordance with section 17520 of the Family Law Code. If you fail to disclose your social security account number, your application will not be processed and you may be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.